

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	CWMS
Report Date	06-JAN-04 09:16

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : DHWHWSA100                      Office of Applied Studie  
Start Date : 01-JUL-92  
End Date :  
Follow-up :

Idaho's Treatment Episode Data Set  
Version : 1

K = Key Field		System	<i>Idaho</i>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	System Transaction Type Added To Each Record
K 2	State Code	ID	FIPS Code Added To Each Record
3	Reporting Date	-	Month and Year of Submission Added To Each Record

Idaho's Treatment Episode Data Set  
Version : 1

K = Key Field

Minimum

Idaho

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	-	<b>Facility Number</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	-	<b>Client Number</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>02</b>	<b>Co-Dependent/Collateral</b>	
	2 No		N No	
	1 Yes		Y Yes	
<b>K 4</b>	<b>Client Transaction Type</b>	<b>01</b>	<b>Transaction Type</b>	
	A Initial Admission		A Initial Admission	
	T Transfer/Change in Service		C Change in Service/Facility	
	T Transfer/Change in Service		T Transfer	
	T Transfer/Change in Service		W Withdraw	
<b>K 5</b>	<b>Date of Admission</b>	-	<b>Date of Admission</b>	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>07</b>	<b>Number of Prior Treatments</b>	
	0 0		00 00	
	1 1		01 01	
	2 2		02 02	
	3 3		03 03	
	4 4		04 04	
	5 Or More		05+ 05+	

# Crosswalk Report

CWMS

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**Minimum**

Idaho

Item

Item

No. Treatment Episode Data Set

Value

State System Data

7	Principal Source of Referral	05	Principal Source of Referral
02	Alcohol/Drug Abuse Provider	ADP	Alcohol/Drug Abuse Provider
97	Unknown	DHW	DHW/FACS
07	Court/Criminal Justice/DUI/DWI	DUI	Court/Criminal Justice/DUI, DWI
05	Employer/EAP	EAP	Employer/EAP
03	Other Health Care Provider	HCP	Other Health Care Provider
01	Individual (includes self-referral))	IND	Individual (self)
97	Unknown	MHA	Mental Health Agency
98	Not Collected	NAA	Indian Agency
07	Court/Criminal Justice/DUI/DWI	NDU	Court/Criminal Justice Non-DUI
07	Court/Criminal Justice/DUI/DWI	OCJ	Other Criminal Justice
06	Other Community Referral	OCR	Other Community Referral
07	Court/Criminal Justice/DUI/DWI	PPO	Probation/Parole Officer
04	School (Educational)	SED	School/Educational
98	Not Collected	SHG	Self Help Group

No longer effective as of: 06-30-2003

Idaho's Treatment Episode Data Set  
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Idaho

Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>7</b>	<b>Principal Source of Referral</b>	<b>05</b>	<b>Principal Source of Referral</b>	
02	Alcohol/Drug Abuse Provider	ADP	Alcohol/Drug Abuse Provider	
07	Court/Criminal Justice/DUI/DWI	BYR	Byrne Grant Non-Drug Court Probation	
06	Other Community Referral	CPS	Child Protective/SA Program	
07	Court/Criminal Justice/DUI/DWI	DCR	Drug Court Referral	
06	Other Community Referral	DHC	DHW/FACS-CPS referral	
06	Other Community Referral	DHO	DHW/FACS-other	
06	Other Community Referral	DHW	DHW/FACS- Mental Health	
07	Court/Criminal Justice/DUI/DWI	DUI	Court/Criminal Justice/DUI	
05	Employer/EAP	EAP	Employer/EAP	
03	Other Health Care Provider	HCP	Other Health Care Provider	
01	Individual (includes self-referral))	IND	Individual (self)	
06	Other Community Referral	MHA	Mental Health Agency	
06	Other Community Referral	NAA	Indian Agency	
07	Court/Criminal Justice/DUI/DWI	NDU	Court/Criminal Justice Non-DUI	
07	Court/Criminal Justice/DUI/DWI	OCJ	Other Criminal Justice	
06	Other Community Referral	OCR	Other Community Referral	
07	Court/Criminal Justice/DUI/DWI	PAR	IDOC-Re-entry Program Parole	
07	Court/Criminal Justice/DUI/DWI	PPO	Probation/Parole Officer	
07	Court/Criminal Justice/DUI/DWI	PPO	Probation/Parole Officer	
04	School (Educational)	SED	School/Educational	
06	Other Community Referral	SHG	Self Help Group	
06	Other Community Referral	SHH	State Hospital (N&S)	
06	Other Community Referral	SRP	Adult/Youth Self Reliance - TAFI	

<b>8</b>	<b>Date of Birth</b>	-	<b>Date of Birth</b>
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<b>9</b>	<b>Sex</b>	-	<b>Gender</b>
2	Female	F	Female
1	Male	M	Male

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

10	Race	-	Race
02	American Indian ( Other than Alaskan Native)	AI	American Indian
01	Alaska Native (Aleut, Eskimo, Indian)	AN	Alaskan Native
03	Asian or Pacific Islander	AP	Asian/Pacific Islander
04	Black or African American	BL	Black
20	Other	OT	Other
05	White	WH	White
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

11	Ethnicity	-	Ethnicity
03	Cuban	CU	Cuban
02	Mexican	MX	Mexican
05	Not of Hispanic Origin	NH	Not of Hispanic Origin
04	Other Specific Hispanic	OH	Other Hispanic
01	Puerto Rican	PR	Puerto Rican

12	Education	08	Education
01-25	Highest School Grade in Number of Years (12=GED)	00-25	00-25
00	Less Than One Grade Completed	00-25	00-25
97	Unknown	97	Unknown

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

**13 Employment Status****11 Current Employment Status**

01	Full Time	AF	In Armed Forces
01	Full Time	FT	Full Time
04	Not in Labor Force	IN	Inmate of Institution
04	Not in Labor Force	NL	Not in Labor Force
02	Part Time	PT	Part Time
03	Unemployed	UE	Unemployed

**14 Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)****21 Substance Problem Codes**

01	None	01	None
02	Alcohol	02	Alcohol
03	Cocaine, Crack	03	Cocaine/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	04	Marijuana/Hashish
05	Heroin	05	Heroin
06	Non-Prescription Methadone	06	Non-Rx Methadone
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics
08	PCP	08	PCP
09	Other Hallucinogens	09	Other Hallucinogens
10	Methamphetamine	10	Methamphetamine
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepines
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over The Counter
20	Other	20	Other
98	Not Collected	21	Not Collected (Collaterals Only)

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>21</b>	<b>Usual Route of Administration</b>	
01	Oral	01	Oral	
02	Smoking	02	Smoking	
03	Inhalation	03	Inhalation	
04	Injection (IV or intramuscular)	04	Injection	
20	Other	05	Other	
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>21</b>	<b>Frequency of Use</b>	
01	No past month use	01	No Past Month Use	
02	1-3 times in past month	02	1-3 Times Per Month	
03	1-2 times per week	03	1-2 Times Per Week	
04	3-6 times per week	04	3-5 Times Per Week	
05	Daily	05	Daily	
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>21</b>	<b>Age of First Use</b>	
00	Indicates a Newborn with a substance dependency problem	00	Newborn	
00-95	Indicates The Age at First Use	00-96	00-96	



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Item

Item

No. Treatment Episode Data Set

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>3</b>	<b>Type of Service</b>
02	Free-standing Residential ( Detox, 24 hour Service)	DF	Detox-Free Standing Residential
01	Hospital Inpatient ( Detox, 24 hour Service)	DH	Detox-Hospital Inpatient
08	Ambulatory Detoxification	DO	Detox-Outpatient Ambulatory Methadone Detox
03	Hospital (other than detox)	HP	Hospital Residential
06	Intensive Outpatient	IO	Intensive Outpatient
05	Long-term, ( more than 30 days)	LR	Long Term Residential (>30 days)
07	Non-Intensive Outpatient	NO	Non-Intensive Outpatient
04	Short-term, ( 30 days or fewer)	SR	Short Term Residential (<less than 30 days)

<b>19</b>	<b>Use of Methadone Planned/Actual</b>	<b>16</b>	<b>Methadone Planned As Part of Treatment</b>
2	No	N	No
1	Yes	Y	Yes

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>	
<b>4</b>	<b>DSM Diagnosis</b>	-	<b>Not Collected</b>	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>20</b>	<b>Psychiatric Problem In Addition To Alcohol or Drug Problem</b>	
2	No		N	No
1	Yes		Y	Yes
<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>15</b>	<b>Now Pregnant</b>	
2	No		N	No
1	Yes		Y	Yes
<b>7</b>	<b>Veteran Status</b>	-	<b>Veteran</b>	
2	No		N	No
1	Yes		Y	Yes
<b>8</b>	<b>Living Arrangements</b>	<b>9</b>	<b>Living Arrangements</b>	
02	Dependent Living		D	Dependent Living
01	Homeless		H	Homeless
03	Independent Living		I	Independent Living

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Primary Source of Income/Support</b>	<b>12</b>	<b>Primary Souce of Income or Support</b>	
04	Disability	D	Disability	
21	None	N	None	
20	Other	O	Other	
02	Public Assistance	P	Public Assistance	
03	Retirement/Pension	R	Retirement/Pension	
01	Wages/Salary	W	Wages/Salary	
<b>10</b>	<b>Health Insurance</b>	<b>13</b>	<b>Health Insurance</b>	
02	Blue Cross/Blue Shield	BB	Blue Cross/Bule Shield	
06	Health Maintenance Organization (HMO)	HM	Health Maintenance	
04	Medicaid	MD	Medicaid	
03	Medicare	ME	Medicare	
21	None	NO	None	
20	Other (e.g. TriCare, Champus)	OT	Other	
01	Private Insurance (other than BCBS or HMO)	PI	Private Insurance	
97	Unknown	UN	Unknown	
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>14</b>	<b>Source of Payment</b>	
02	Blue Cross/Blue Shield	BB	Blue Cross/Blue Shield	
08	No Charge ( Free, CHarity, Special Research ot Teaching)	HM	No Charge (HMO)	
04	Medicaid	MD	Medicaid	
03	Medicare	ME	Medicare	
05	Other Government Payments	OG	Other Government Payments	
09	Other	OT	Other	
01	Self-Pay	SP	Self Pay	
97	Unknown	UN	Unknown	
06	Worker's Compensation	WC	Workman's Comp	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Detailed Not in Labor Force</b>	-	<b>Not Collected</b>	
98	Not Collected		98	Not Collected
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	-	<b>Not Collected</b>	
98	Not Collected		98	Not Collected
<b>14</b>	<b>Marital Status</b>	-	<b>Marital Status</b>	
04	Divorced		D	Divorced
97	Unknown		L	Living Together
02	Now Married or Cohabiting		M	Now Married
03	Separated (legally or otherwise absent)		P	Seperated
01	Never Married		S	Never Married (Single)
05	Widowed		W	Widowed
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	-	<b>Time Waiting to Enter Treatment</b>	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report